

# Immunizations *from A to Z PLUS*

This free educational training encompasses all aspects of immunization practices.

## February 24, 2009, 8:30am to 1:00pm

*Hosted by the Grant County Health Department; Free lunch provided courtesy of Merck*

Grant County Complex, 401 S Adams St, 6th Floor EMA Training Room, Marion, IN

Free parking at site or one block SE at 5th & Branson streets

For location information, contact Amy Colgan, GCHD at (765) 662-0377

For training information, contact Jodi Morgan, ISDH at (317) 650-5051

### Who Should Attend?

This training is for anyone who provides immunizations, or is interested in learning more about vaccine preventable diseases.

Past participants include NPs, RNs, LPNs, CNAs, MDs, MAs, PAs, & faculty and students in the medical field.

### Immunizations from A to Z PLUS

Optional sessions following the A to Z training. Informational session on the Vaccines for Children (VFC) program and a Q & A session on the immunization registry CHIRP. Additional session will be held from 12pm to 1pm.

### Topics Included

Principles of Vaccination  
Vaccine Preventable Diseases  
Child & Adolescent Immunizations  
Adult Immunizations  
General Recommendations  
Safe & Effective Vaccine Administration  
Vaccine Storage & Handling  
Vaccine Misconceptions  
Reliable Resources

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## Registration Form (Deadline: February 20, 2009, 12:00pm)

To register fax this form to **(219) 395-9586**. A separate form must be used for each person. *Please print clearly.* Confirmations will be sent via **email** only. If you do not have an email address, you will not receive a confirmation notice but will still be registered.

Name \_\_\_\_\_ Credentials (RN, LPN, MD, etc.) \_\_\_\_\_

Practice/Clinic \_\_\_\_\_ Job Title \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Business Fax \_\_\_\_\_

Email \_\_\_\_\_ VFC Provider PIN \_\_\_\_\_

Have you attended the Immunizations from A to Z training before?

☐ Yes ☐ No

Would you like to receive our Immunization E-Newsletter by Email?

☐ Yes ☐ No

Are you currently a CHIRP user?

☐ Yes ☐ No

If No, would you like more information on CHIRP?

☐ Yes ☐ No

Are you currently a VFC Provider?

☐ Yes ☐ No

If No, would you like more information on the VFC program?

☐ Yes ☐ No

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**Indiana State Department of Health, Immunization Program**

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